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Dysentery ) An Essay  
on  
Dysentery  
by  
Wm Smith  
of  
New Jersey



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## An Essay on Dysentery.

Among the catalogue of diseases incident to mankind, there is perhaps none that require a more strict investigation than dysentery. It is a disease of great importance, and one with which the young practitioner cannot be too well acquainted. As there is no one complaint more distressing to the patient or more frequently baffles the exertions of the physician.—

Dysentery may be defined an irritation or disturbance of the functions of the alimentary canal in which the mucous membrane of the intestines is inflamed attended with febrile symptoms, frequent stools, severe griping pains, followed by a tenesmus. The stools although frequent being small in quantity consisting principally of mucus streaked with blood, the natural faces being commonly retained, or

The Gulf of California

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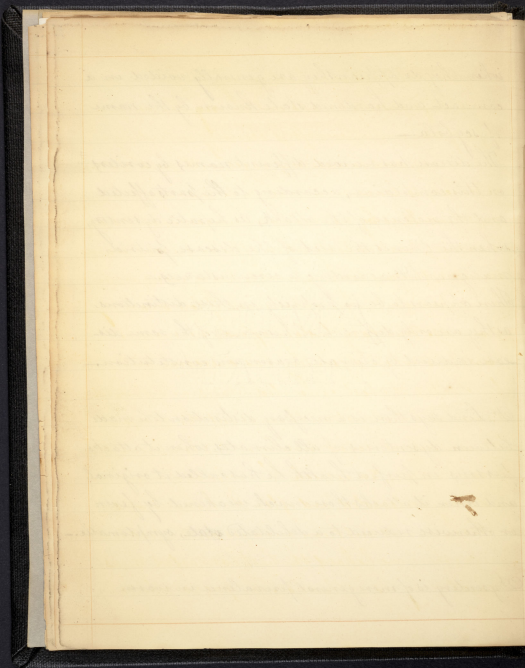
when they do appear they are generally voided in a compact and hardened state known by the name of scybala.—

The disease has received different names by writers on this complaint, according to the parts affected and the violence of the attack, as hepatic dysentery, when the liver is the seat of the disease, putrid, malignant, &c according to circumstances.—

There appears to be no propriety in these distinctions, as they are only different appearances of the same disease, induced by climate, season, and constitution.—

Dr Lind says there is a necessary distinction to be made between dysenteries of all climates, when it attacks persons in perfect health he has called it original, and when it attacks those much weakened by fever, or otherwise reduced to a debilitated state, symptomatic.—

Dysentery is of more general prevalence in warm



climates than cold ones, particularly the East and West Indies. It frequently breaks out among the crews of ships of war and other vessels cruising or trading in these parts, and sometimes rages with such violence as scarcely to leave men enough to manage the vessel. — It is by no means an uncommon disease to armies, particularly when after or during warm weather, they are long exposed to heavy rains, or lie incamped in the neighbourhood of low swampy grounds. Military history affords numerous examples where dysentery has overcome and frustrated the best concerted plans, and spread dismay and destruction throughout the camp. —

It is a subject, says Mosely in his treatise on tropical climates, in which the welfare of mankind is deeply interested, and often the honour of a nation, we need but turn our eyes on the political field; there we behold the best concerted measures defeated by its influence. The page of military



history weeps less for the slain in battle than for those who have fallen victims to this calamity?—

Dysentery is not only a disease of the <sup>warm</sup> climate, but of general prevalence in the United States, and often of a nature so fatal that it demands our most serious attention. It attacks indiscriminately the tender infant, and the aged adult, the delicate citizen, and exposed countryman, the intrepid mariner, and the hardy veteran. It proves more severe to children and old people than it does to the middle aged, and is more prevalent in the country than in cities, often raging in the suburbs, while the central parts of the city remains entirely exempt from it.

The disease occurs more frequently in summer and autumn, often accompanied with our autumnal intermittents, and remittent fevers, and it is sometimes complicated or combined with them. It is not uncommon says Blegborn, for a tertian fever, to be changed into a dysentery or a dysentery fever to <sup>pute on these</sup>





tertian form, and for the fits of tertian to be regularly accompanied by gripes and stools. —

It is sometimes combined with typhus, and when it puts on this character it generally proves fatal. —

In the West Indies, dysentery commonly makes its appearance a little before the equinox; frequently beginning in August, which is the commencement of the rainy season in these parts, and raging epidemically untill November, and sometimes for a much longer period. It is also said to prevail in the unhealthy districts of the East Indies, and in the British factories on the coast of Africa, both during the wet season and for sometime after it. This is attributed to the great heat of the summer rendering the body irritable and opening the pores of the skin; now when the rain commences it causes a sudden change of cold or moisture, thus suddenly suppressing the perspiration and throwing the blood from the exterior, upon the interior vessels, and in this way producing the dysentries. —

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The illustrious Rush says dysentery is the offspring of contagion or miasmata; but in a weak state of the bowels it is frequently brought on by accidental exciting causes, like bilious fever which proceeds from the same miasma, and that it prevails most in high situations owing to the coldness of the air checking the perspiration and throwing the fluids upon the bowels, and that he frequently observed dysentery to prevail on elevated places and bilious fever in low situations adjacent to them, and that its frequent occurrence in fruit seasons, is owing to the debility occasioned by the use of large quantities of that aliment, predisposing the bowels to morbid action. —

I have frequently known, says Dr Mosely, dysenteries caused by eating immoderately of such fruit as pine-apples and oranges among people newly arrived in the West Indies; and in Paris from drinking the water of the Seine, and from the change of water in other countries, But the cause of epidemical diseases is no more to be



considered from particular cases, than the natural life of man is to be estimated by the age of those that fall by casualty or perish by untimely death.—

The celebrated Cullen contends, that the dysentery does often manifestly arise from the influence of cold, but still the disease is always of a contagious nature, and that it becomes epidemic in camps and other places by the propagation of such contagion, independent of cold, or other exciting causes, and therefore he is doubtful whether the disease does ever arise from the application of cold unless where the specific contagion has been previously received in the body, and upon the whole he considers the remote cause to be always dependent on specific contagion.—

The doctrine of the celebrated Darwin is, that dysentery is contagious, but that this contagion manifestly arises from the mucus or bloody stools, produced from the membrane which line the intestines, and not from the febrile perspiration or breath of the patient, he says

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that the fever is only the effect and not the cause of contagion, and that it is necessary we should pay the strictest attention to cleanliness and the removal of the faeces voided, as soon as possible for the prevention of the contagion. —

Coleghorn when speaking of this disease says, To me it appears probable that all the summer and autumnal diseases are the consequence of nature attempting to free the body from noxious humours, either by throwing them upon the skin, or by conveying them through the liver and other organs of secretion, which open into the intestines. —

The illustrious Sydenham considers dysentery to be a fever of the season, or of its own kind, thrown upon the intestines, and Dr. Mosely says that from his personal experience in the West Indies, and from accounts received from that part of the globe, he has no hesitation in confirming the truth of Sydenham's remark. Nor can it be doubted, says this experienced writer, that this fever





of the intestines like many others, is caused by abstracted perspiration, not confined to cold, hot, dry, or wet seasons, particular food, water, liquor, or fruit, but chiefly depending on some secret influence in the atmosphere, or on sudden transitions of the air, and such other causes as expose people to have perspiration hastily stopped. Though I believe continues he, that epidemical dysenteries have but one universal and common cause, and may be removed by one universal and common remedy; yet I do contend that particular disease, may be created by a particular cause, and cured by a particular medicine. Accidental stimuli in the bowels have often caused this disease, and a little rhubarb and laudanum have often cured it.—

That the typhus form of dysentery is sometimes contagious, I believe is generally admitted, this depends on the contagion of that form of fever, and not on the virus specific to the dysentery.—From what I have been able to collect from late writers, and from what I have



seen myself, I am convinced that dysentery itself is not contagious, or in any way dependent on contagion. But that it often rages as an epidemic proceeding from a common cause or origin, and spreading rapidly from thence in succession or at once through whole families, or entire neighbourhoods, is a fact well known to every practitioner who has had any experience in this disease. —

Causes. There are, a great variety of causes, enumerated by different writers, which give rise to this disease, the most prominent of which, I shall mention. — Cold and moisture, succeeded by intense heat, or great drought; checked perspiration; eating bread made of sour or putrid grain; unwholesome food of every kind; irregularities in diet; noxious exhalations, and vapours; marsh effluvia; drinking large quantities of cold water when in a state of perspiration &c. It is said to be sometimes brought on by indigestion; amputation



of a limb; ulcers in the bowels &c. Dysentery, when it arises from marsh effluvia, generally, has its primary seat in the stomach, extending from thence to the bowels, most commonly the large intestines, though sometimes the small ones, are also affected; the bowels when once attacked is its permanent seat; from whence it effects spreads through, or contaminates the whole system. —

Symptoms. — An attack of dysentery usually comes on with some degree of coldness, succeeded by slight fever, with quickness of pulse; nausea, and sometimes vomiting; pain in the bowels; loss of appetite; frequent stools; severe griping pain, attended with great inclination to strain over it. As the disease advances, the stools become more frequent, and painful, attended with tormina, tenesmus, and sometimes flatulency. — To these symptoms, succeed a fixed pain in the hypogastrium more or less severe, the pain frequently is extended to one, or both of the iliac regions, and sometimes through

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out, the whole course of the colon, with a sense of fulness, tension, and a tenderness upon pressure. The stools vary both in composition, and colour, sometimes the discharges are mucus, streaked with blood, at others, they are mucus, without any blood being mixed with them. in the latter case the disease, is, called dysentery alba. frequently there are fibrous, or membranous substances, intermixed with the discharges, but for the most part there is mucus, or coagulable lymph thrown off from the intestines. While the stools, continue to be thus frequently voided, and of these various consistencies, we seldom can discover any natural feces, mixed, with them, and when we do they commonly appear in the form of hard separate balls, known by the name of scybala. In consequence of the inflammatory condition of the lower intestines inducing an obstinate spasmodic contraction of the colon, and impeding its peristaltic motion, the fecal contents are frequently for a long time retained.





when these are passed the patient is sure to experience  
some relief, more especially of the tormina & tenesmus.  
It is not uncommon from the violent efforts, which  
are made to discharge the feces, for the rectum to be  
protruded, forming prolapsus ani, which often proves  
very troublesome, and distressing to the patient, the  
tormina and tenesmus, being now generally increased.—  
Connected with these symptoms is fever; scorching heat  
or great perspiration; much thirst; the tongue is  
now generally white and furred, sometimes exhib-  
iting a smooth, or glossy appearance; the pulse hard  
and active, sometimes attended with a peculiar throbbing  
sensation under the finger, this latter state is con-  
sidered a dangerous symptom. The disease is now  
considered at its crisis, and if it is not arrested at  
this time, the symptoms, are generally aggravated.  
There are coldness of the extremities; tension of the  
abdomen; cold clammy sweat; hiccups; involuntary  
discharges, accompanied, with great faeces, which



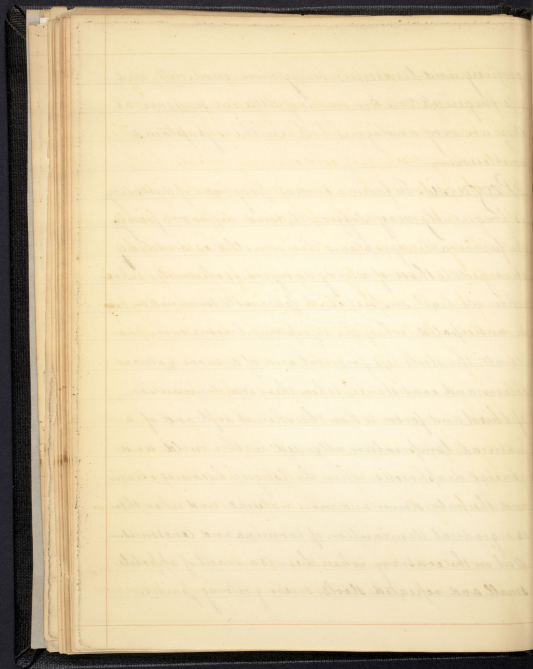
at first resembles boiled putrid meat, but is soon changed to a dark grumous, and bloody appearance. The patient is now very much dejected, and feels disposed to dwell upon symptoms, as of great consequence, which to a spectator would appear of minor importance. he evinces the greatest desire for his medical attendant, and is loath to part with him though fully persuaded that all the efforts of his skill, and medicine, are likely to prove unavailing. When things come to this pass, the disease frequently terminates fatally, in the course of a few days. The space of time occupied in passing through the different stages is very various, according to the violence of the attack; though generally from one, to three, or <sup>four</sup> weeks. —

Diagnosis. The only disease to which dysentery is intimately allied, is diarrhoea. and it may be readily distinguished from this, by the absence of fever in the latter disease, by the evacuations being more copious, and of a more natural appearance, and by the

of the world's history and its own progress  
is a vast and deep subject, and its study is one  
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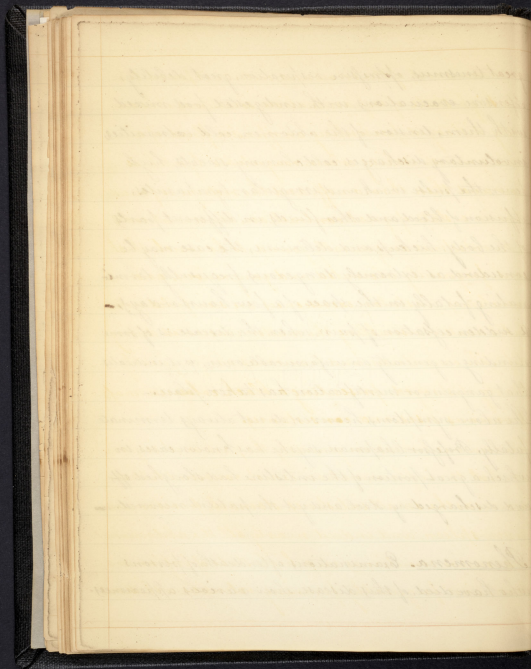
gripping, and tenesmus, being more moderate, and less frequent, this however is of little consequence, as they are very analogous both in the symptoms and cure.—

Prognosis. To form a correct prognosis of dysentery is frequently very difficult, and embarrassing, the favourable symptoms are sometimes suddenly changed, to those of a very dangerous character, when we least suspect it. A favourable termination, may be anticipated, when the symptoms become more moderate, the stools less frequent, and of a more natural colour and consistence, when there is a diminution of thirst and fever, when the skin is soft and of a natural temperature attended with a mild and general diaphoresis, when the tongue becomes clean, and the pulse slower and more natural, and when there is a gradual diminution of tormina and tenesmus.— But on the contrary, when there is a want of appetite, small and repeated stools, severe gripping pains,



great tenesmus, oppressive respiration, great debility, offensive evacuations, with undigested food mixed with them, tension of the abdomen, cold extremities, involuntary discharges, cold clammy sweats, high fever, the pulse weak and irregular, tympanites, effusion of blood, and other fluids, in different parts of the body, hiccups, and delirium, the case may be considered as extremely dangerous, frequently terminating fatally in the space of a few hours or days. - a sudden cessation of pain, when the disease is of some standing, is generally an unfavourable omen, as it indicates that gangrene, or mortification has taken place. - The above symptoms, however, do not always terminate fatally. Professor Chapman, says he has known cases, in which a great portion of the intestine had sloughed off and discharged by stool, and yet the patient recovered. -

Phenomena. Examinations after death of persons who have died, of this disease, show various appearances.





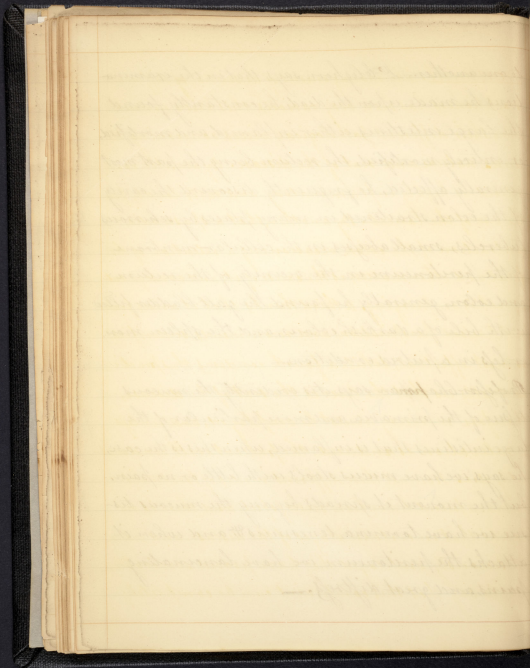
The mucous coat of the colon and rectum, is found to be in a high state of inflammation, sometimes it is entirely destroyed, presenting an offensive fluid of a pale greenish looking colour, coagulable lymph is now and then thrown off, and the rectum is found to be in a state of great contraction. The several coats of the intestines, are generally found to be much thickened, frequently ulcerated, and gangrenous, and sometimes pustular excrecences are seen, filled with fetid matter, resembling the matter evacuated during life. The omentum, and pancreas, are frequently nearly destroyed, presenting a black coloured mass of various sizes, and consistencies.

The lower intestines, are generally the part most inflamed, but the inflammation is not confined to them alone, as the small intestines, stomach, peritoneum, liver, spleen, and indeed nearly all the abdominal viscera, are sometimes in a high state of inflammation, and frequently forming extensive adhesions

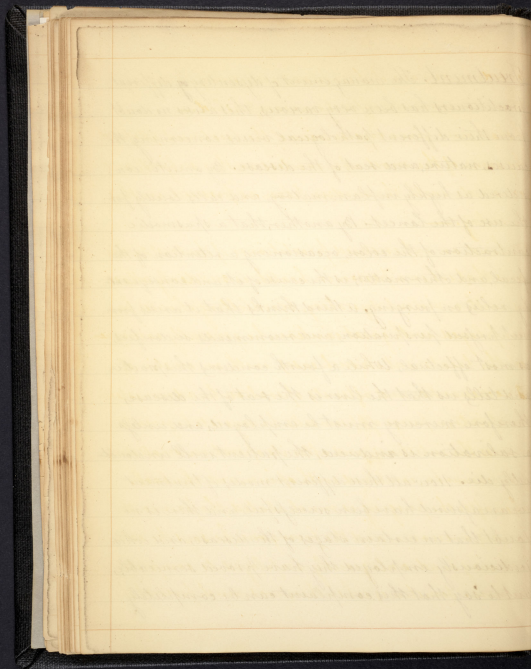
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to one another. — Dr. Oglehorn says, that in the examinations he made, upon the dead, he constantly found the large intestines either inflamed, and mortified, or entirely mortified, the rectum being the part most generally affected, he frequently discovered the cavity of the colon straitened in many places by schirrous tubercles, small abscesses in the cellular-membrane of the peritoneum in the vicinity of the rectum and colon, generally he found the gall bladder filled with bile of a darkish colour, and the spleen more or less in a putrid condition. —

Professor Chapman says, it is evidently the mucous tissue of the primæviæ and more particular of the large intestines that is inflamed, when this is the case, he says, we have mucus stools with little or no pain, but the moment it spreads beyond the mucous tissue we have tormina, tenesmus &c. and when it attacks the peritoneum we have lancinating pains, and great distress. —



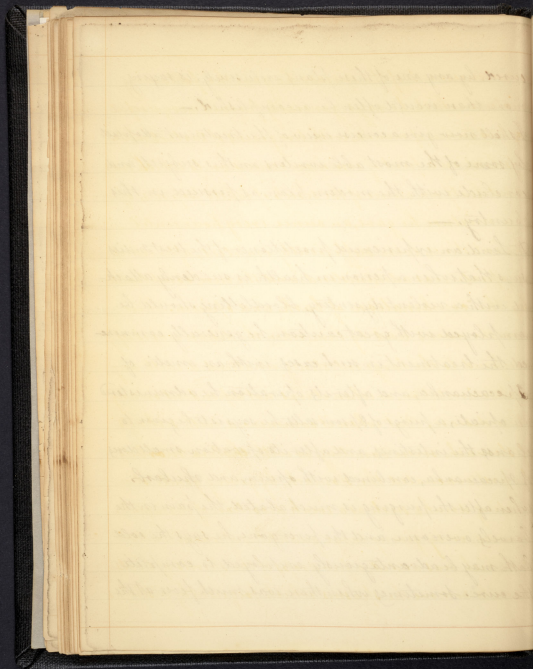
Treatment. The management of dysentery by different practitioners has been very various, this arises no doubt from their different pathological views, concerning the causes, nature, and seat, of the disease. By one, it is considered as highly inflammatory, and calls loudly for the use of the lancet. By another, that a spasmodic contraction of the colon, occasioning a retention of the fecal, and other matter, is the cause of it, and consequently relies on purging. A third thinks that it arises from suppressed perspiration, and recommends sudorifics, as most effectual, while a fourth condemns this practice and tells us that the liver is the seat of the disease, therefore mercury must be employed, and unless a salivation is induced, the patient will undoubtedly die. Now all these different modes of treatment we are assured have been successful, and there is no doubt that in certain stages of the disease, and when judiciously employed they have proved serviceable, but to say that this complaint can be completely



cured, by any one of these plans exclusively, is saying more than would often be accomplished. —

I shall now give a concise view of the treatment adopted by some of the most able writers, on this subject, and conclude with the modern plan, as pursued in this country. —

Dr Lind, an experienced practitioner of the West Indies says that, when a person in health is suddenly attacked with a violent dysentery, bloodletting should be employed with great caution, he generally commenced the treatment, in such cases, with an emetic of *Spicaeantha*, and after its operation he administered an opiate, a purge of Epsom salts, he says is to be given to cleanse the intestines, and after its operation small doses of *Spicaeantha*, combined with opium, and rhubarb, when after the purging is much abated, the pain in the bowels overcome, and the fever gone, he says the cold bath may be advantageously employed to complete the cure. Sometimes when there was much fever at the





commencement of the disease he gave the following mixture which, he says, generally proved very useful viz, two ounces of manna, with two grains of Tartar Emetic dissolved in a pint of common emulsion to which was added half an ounce of the sirup of white poppies, of this mixture he gave, an ounce every hour, until the intestines, were sufficiently emptied, after which an opiate was administered, and the cure completed by the combination of bark, and opium. These were the means used by him, when the disease was chiefly confined to the large intestines, unattended with any gastric irritation, or when it was not dependent on any other disease, But when it commenced with sickness of stomach, severe vomiting, or with cholera morbus, he first evacuated the stomach, by giving gentle stimulating drinks, such as a weak decoction of chamomile flowers, or by giving large quantities of warm water to which was added, a few drops of the spirits of hartshorn to remove the spasms which frequently distresses



the patient at this time, he also says, the intestines must be perfectly evacuated, by giving the decoction of chamomile flowers in clysters, after thus evacuating the bowels, he gave an opiate, and if the stomach rejected it, he gave anodyne enemata. These means failing he says he has found great benefit to arise from wine, and spices, or from opium and camphor applied over the regions of the stomach. The oil of cinnamon or mint, musk, and sometimes, elixir vitriol, and sweet spirits of nitre, he says, are the best internal remedies, to calm the stomach after the bowels are cleansed. If after the employment of the above remedies, the vomiting still continues very violent, he places his whole reliance, on bathing the stomach with the opiates and camphor, and injections of laudanum, he repeated the injections, every six hours, and increased the quantity of laudanum, untill he overcame, the vomiting, and pain, or the head of the patient became affected. In some cases he says, he gave



as much as half an ounce at a time, before he was able to accomplish his purpose, But previous to giving opium in so large a quantity, I generally ordered the feet to be bathed, and applied blisters to the legs; or if a violent and fixed pain in the stomach, or in any part of the abdomen, had continued from the beginning of the disease, and was not removed by bleeding and warm fomentations, I then applied a blister to the seat of the pain; these means, either alone or combined, he says seldom failed to cure the disease. — taken from something that is

The practice of Dr Mosely, in the treatment of this disease, differs somewhat from any other with which I am acquainted, he considering, as before mentioned, that the disease is a fever of its own kind thrown on the intestines, by sudden suppression of perspiration, his leading indication is therefore its restoration. This he says may be accomplished by a careful and continued employment of sudorifics; preceding the use of them



however, he employs the lancet, succeeded by an emetic and mild cathartic. —

Bleeding says the doctor, being an operation of great consequence in the flux, the cure is generally begun without repeating it as symptoms authorise. There are but few instances where it may not be safely done in the beginning of the disease; the necessity is obvious, where the patient is plethoric, with much fever, full pulse, and severe pains. After bloodletting he gave an emetic of specuanha, which cleanses the stomach of its impurities.

But our great expectation from vomiting is, that its action on the muscular fibres of the stomach, forces open the extreme arterial capillaries, forwards the circulation to the surface of the body, and induces to sweat. After the operation of the emetic, he gave an opiate. After the emetic and opiate, the bowels should be emptied, but this is to be done with caution, if the patient be weak, and in such a manner as not to increase the flow of blood from the surface to that parts for in that case, he says the

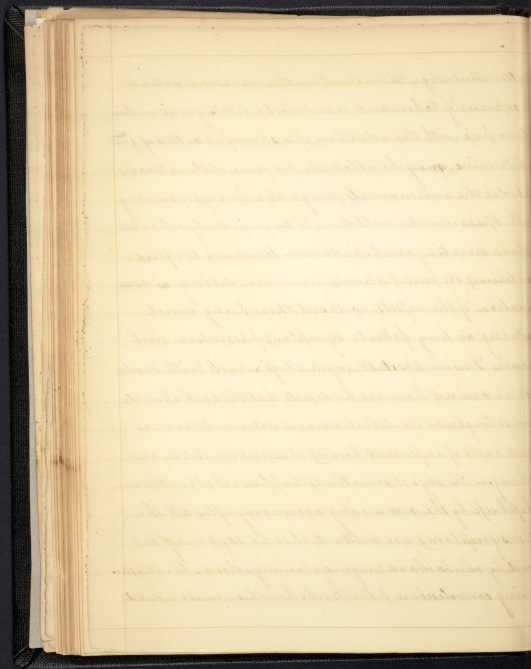




advantage gained by the emetic would be lost, and our principal design frustrated. - The purgative to be used should be such as will fulfill the double indication of purging and acting on the skin at the same time, the antimonials are of this class, and of these he prefers the James's powder, or the common glass of antimony. The *prima via* being cleaned, and the revulsion begun, it must be supported by sudorifics, that the disease may be thrown off by sweat. This he says will be accomplished by administering opiates, and diaphoretics, as the case may require. - The combination of laudanum and antimonial wine he thinks highly of, and says it is a pleasant and certain diaphoretic. When antimonials, or other emetic medicines are given to excite diaphoresis, laudanum or opium should be added, as the opium diminishes their irritation and allows them to be given in much larger doses. - After the diaphoresis has begun, he directs the patient to be warmly covered, and the cold air excluded from coming in contact with him. Warm drinks, as barley

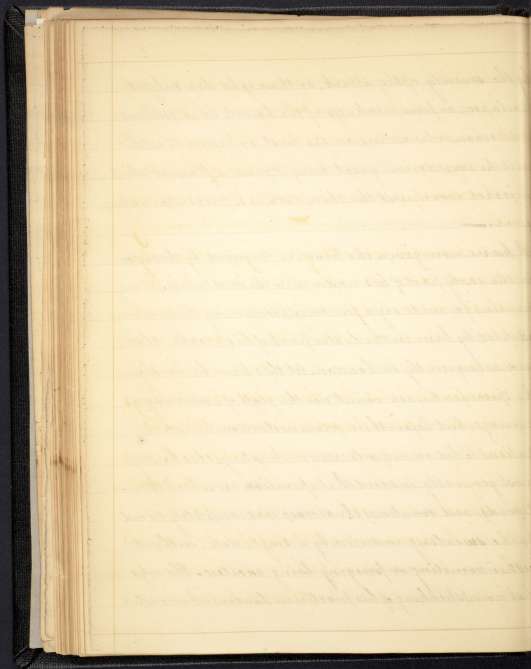
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water, mint, sage, balm, or oatmeal tea are also directed to be copiously taken, and sometimes a little gruel or thin flour pap, with the addition of a spoonful or two of good white wine, may be allowed. In some obstinate cases besides the antimonial purgatives, he says vomiting with Speccauanka will have to be frequently repeated before sweating can be induced. Sometimes the flux continues in some patients from mere debility, or relaxation of the vessels, without there being much griping or any febrile symptoms present, in such a case, "I never hesitate," says he, "to give bark with snake-root and wine," however he directs that the bark should always be given in decoction, and not in substance, as in all cases of inflamed bowels, it causes irritation and griping. - He says it sometimes happens that irritation is kept up by the remaining acrimony after all the other symptoms are subdued this he says may be cured, by rhubarb and magnesia, or any other mild cathartic. During convalescence, patients who have been much reduced

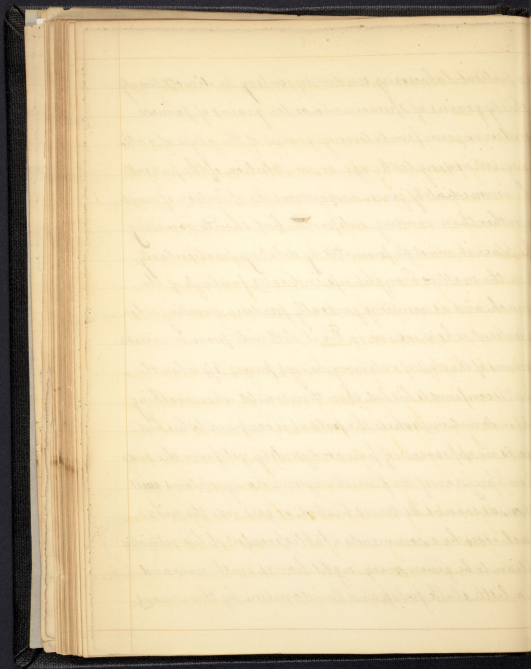


by the severity of the attack, or those who are subject to relapses, or from weakness of the bowels have returns of diarrhoea, or tenesmus, on the least exposure to cold, (will he says) derive great benefit from a flannel shirt, or jacket worn next the skin, both as a prevention and cure. —

I have now given the practice pursued by the Doctor in the early part of his residence in the West Indies. It only remains for me to say a few words concerning the treatment adopted by him in the latter part of his practice there, and subsequently in London. At this time he never gave the *Specacuanha*, as a vomit, nor the glass of antimony as a purge, but before their administration, he puts the patient to bed in order to induce sweating, this he says most generally insured that operation on which the cure depends, and sometimes the disease was completely cured by the sweating, induced by a single dose, without either vomiting or purging being excited. He says that now, (speaking of his practice in London) when called



to a patient labouring under dysentery he directs twenty  
or thirty grains of Specacuanha, or ten grains of James's  
powder, or from five to twenty grains of the glass of anti-  
mony, (according to the age, or constitution of the patient)  
to be immediately given, and ordered the operation of sweat-  
ing rather than vomiting supported, but should vomiting  
take place it must be promoted by diluting, particularly  
when the matter brought up indicates foulness of the  
stomach, and as vomiting generally produce sweating when  
the patient is kept warm in bed, it still will prove serviceable.  
Ten grains of the glass of antimony he says purges less when the  
patient is confined to his bed, than three would when walking  
about. Sometimes while the patient is confined to his bed  
there is no appearance of fever or dysentery, yet from the sud-  
den suppression of the flux, the dysenteric symptoms will  
relieve, as soon as he leaves his bed, or goes into the air.  
In such cases, he recommends a table spoonful of his uterine  
solution to be given every eight hours, with now and  
then a little clark julep, and laudanum, by these means

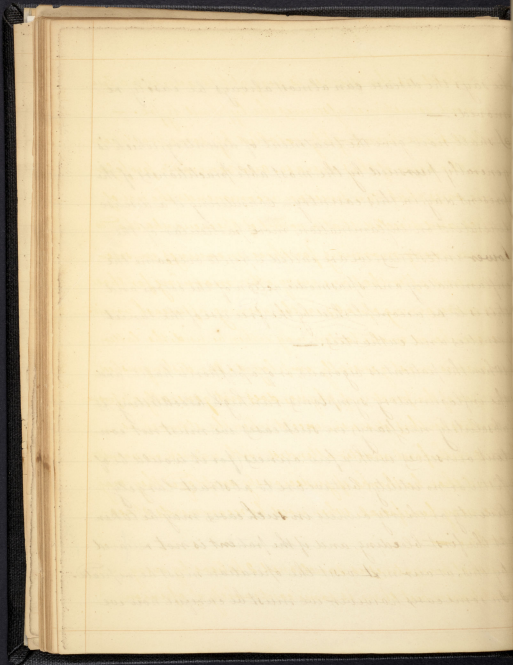




he says the disease can almost always be easily removed. —

I shall now give the treatment of dysentery, which is generally pursued by the most able practitioners of the present day, in this country. — Considering it a disease dependent on inflammation, more particularly of the lower intestines, we are called upon to overcome the inflammatory and spasmodic action of the colon, and this is to be accomplished by the free use of the lancet, emetics and cathartics. —

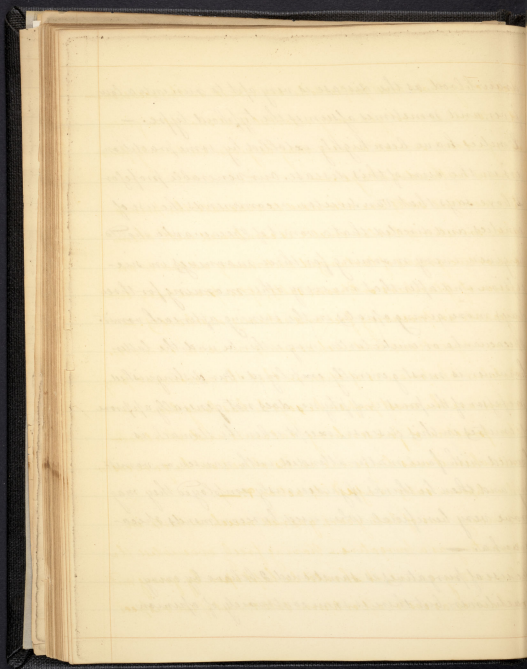
When the patient is vigorous, or of a plethoric habit, and the inflammatory symptoms run high bloodletting is absolutely necessary, in such cases we must not content ourselves with a few ounces (for it would be of little or no utility) but we are to abstract largely twenty or thirty ounces in such cases, may be taken at the first bleeding, and if the patient is not relieved by this, at our next visit the operation must be repeated. In some cases, however, we must be careful how we



draw blood, as the disease is very apt to run into a low fever, and sometimes assumes the typhoid type. —

Emetics have been highly extolled by some practitioners in the cure of this disease. Our venerable professor D. Coxe says that Van Swieten recommends the use of emetics, and directed that a vomit of Spicacuanha should be given every morning for three mornings in succession, and after that one every other morning for three days more, giving opiates in the evening after each vomit. Spicacuanha or emetic tartar may either be used, the latter however, is most generally employed. Our distinguished professor of the practice of physic, does not generally approve of emetics in this disease, except when the stomach is loaded with foul matter attended with nausea or vomiting, and then he thinks, if judiciously employed they may prove very beneficial, when used he recommends Spicacuanha. —

The use of purgatives is sanctioned I believe by every practitioner, but there is some contrariety of opinion

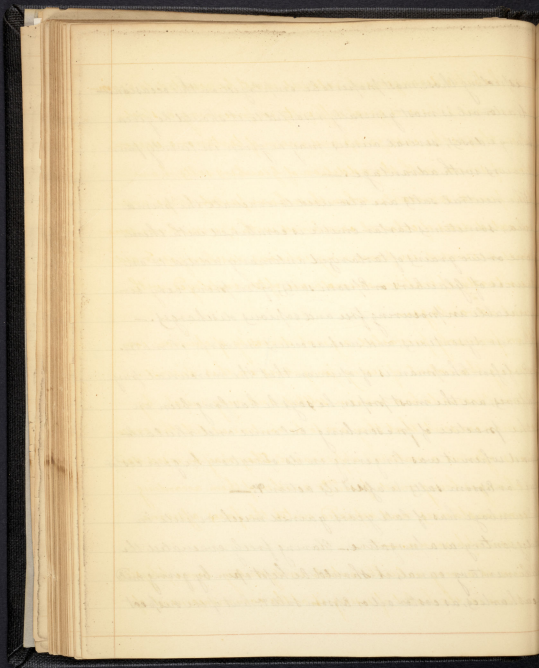


respecting those most proper to be employed on this occasion.—  
Castor oil is most generally resorted to, it should be given  
in large doses, several ounces may be given in twenty four  
hours with advantage.—

The neutral salts are also used to evacuate the primæ  
viæ, sometimes tartar emetic is combined with them,  
one or two grains of tartarized antimony added to an  
ounce of Glaubers or Epsom salts, often prove very ser-  
viceable in procuring free and copious discharges.—

In our dysenteries, and such as occur in warm climates. X  
Professor Chapman is of opinion that the mercurial pur-  
gatives, are the most proper, he says he has long been in  
the practice of prescribing calomel and rhubarb  
and when it was lingering in its operation he gave castor  
oil or Epsom salts to assist its action &c.—

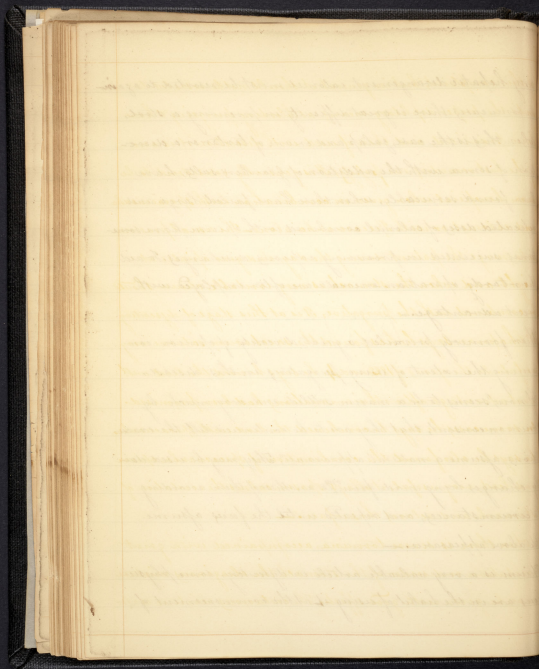
Gamboge has of late years, gained much repute in  
dysentery, as a purgative.— Having freely evacuated the  
alimentary canal, it should be kept open by giving mild  
cathartics, as castor oil or Epsom salts &c. but if we suspect



any hepatic derangement, calomel must be resorted to again. In some cases there is great difficulty in procuring a stool, when this is the case, jalap and cream of tartar or a decoction of senna with the addition of glaubers salts, have been found servicable, when these have failed, large and repeated doses of calomel combined with opium have sometimes succeeded in procuring copious discharges. To aid their tardy operation enemata are often employed with great advantage.—

There formerly prevailed a great diversity of opinion concerning the extent of using purgatives in this disease. It now seems to be a maxim settled, and very much by common consent, that they are to be continued till the evacuations assume a natural appearance. They may be used daily changes being made from <sup>one</sup> to another of them according to circumstances, and repeated until the faeces assume the above appearance.—

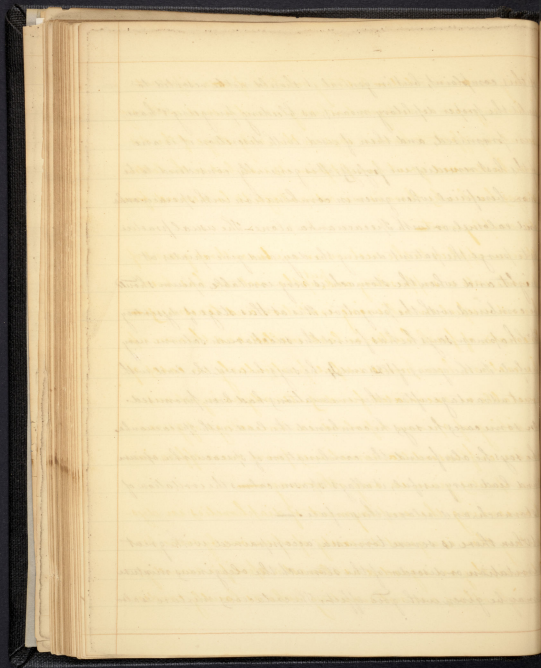
Opium is a very valuable article in dysentery, some physicians are in the habit of using it at the commencement of





of this complaint, but in general it should not be resorted to until the proper depletory means, as bleeding purging & have been promised, and then if used with discretion it is one of the best remedies we possess; It is generally considered to be more beneficial when given in combination with *Spicacuanha* and calomel, or with *Spicacuanha* alone. The usual practice is to purge the patient during the day, and give opiates at night, and when the stomach is very irritable, opium should be combined with the purgative, It is at this stage of dysentery Dr Chapman says he has found the *saccharum saturni* very useful. In the years of 1842 and 44. he says he used the lead with great advantage after other evacuations had been promised. In some cases he says he combined the lead with *Spicacuanha*. he says he also found the combination of *Spicacuanha*, opium and lead very useful, it allays spasm, calms the irritation of stomach and relaxes the surface:—

When there is severe tormina, accompanied with great irritation or disorder of the stomach the oleaginous mixture may be given with good effect. The cataplasms mixture is also



highly recommended.— A strong solution of soda dissolved in lemon juice or vinegar, has been given it is said with very salutary effects. & Currie says in the early stage of the disease he derived great benefit from its use, but in the latter stages, he thinks there is no advantage to be derived from its employment.

Opium applied to the rectum, or one two or three grains of it made into a suppository and <sup>put</sup> up the rectum has been found useful in relieving irritation and tenesmus.— Enemata of fresh butter, or lard melted, and thrown up the rectum, have proved useful, particularly in cases of irritable or excoriated fundus.— Anodyne injections, consisting of opium dissolved in mucilage of gumm-arabic or flaxseed-tea, sometimes prove more efficacious than opiates given in any other way.—

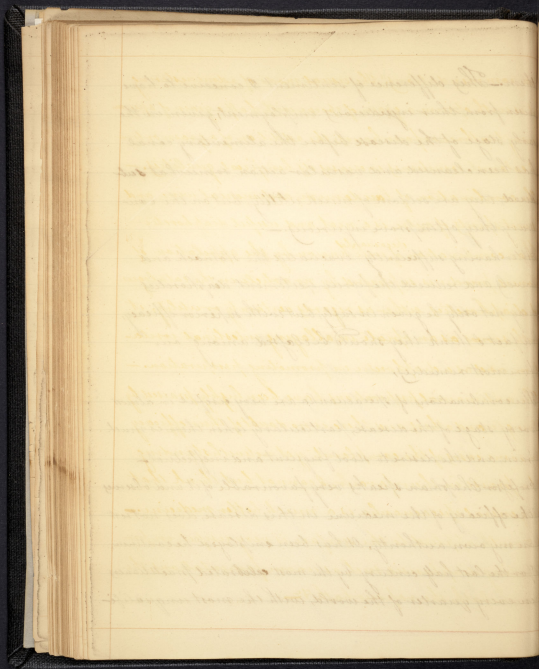
Concerning the employment of diaphoretics in dysentery there is a great diversity of opinion; by some practitioners they are regarded as almost a specific remedy; though others are not wanting who as loudly condemn



them. This difference of sentiment I conceive to have arisen from their injudicious employment, given in the early stage of the disease before the alimentary canal has been cleansed, and vascular action somewhat subdued, they are seldom of much utility, but on the contrary, they often prove injurious. —

After having sufficiently evacuated the stomach and bowels, and reduced the febrile excitement, diaphoretics may not only be given in safety, but with superior efficacy, in fact I think they should be classed among our foremost remedies,

The combinations of speacuanha are very useful in almost every stage of the disease, particularly when there is much pain, and the desire to stool frequent and ineffectual. Professor Chapman speaks very favourable of it, and observes "the efficacy of the medicine in this disease, does not rest on my own authority, It has been employed" he continues, "for the last half century, by the most celebrated practitioners in every quarter of the world, with the most unequali-



ed commendations." The usual mode of administering it is with opium a grain of speacac with half a grain of opium every two, three, or four hours; the addition of a grain or two of calomel sometimes increases its beneficial qualities. — The combination of laudanum, antimonial wine, and sweet spirits of nitre, is a neat and useful diaphoretic — That combination of <sup>ipecaacuanha</sup> well known by the appellation of Douers powder is surpassed by no article in the catalogue of diaphoretics, either as regards certainty or utility, it both serves as an opiate in allaying intestinal irritation, and as a diaphoretic in promoting perspiration. — The antimonial preparations have been highly praised by Bringle and others, and there is no doubt of their efficacy in some cases of the complaint; yet notwithstanding the praise in their favour, I cannot but think that in general ipecaacuanha is a much better medicine. — Warmth applied to the surface is very useful in promoting diaphoresis, such as warm fomentations, the warm bath, the vapour bath &c.

The first of these is the fact that the  
 human mind is not a blank slate at birth.  
 It is a complex of ideas and feelings  
 which are inherited from our ancestors.  
 These ideas and feelings are the result  
 of the experience of our ancestors.  
 They are the result of the struggle  
 for existence which has gone on since  
 the beginning of time. They are the  
 result of the struggle for power, for  
 wealth, for knowledge, for love, for  
 life. They are the result of the  
 struggle for the betterment of the  
 human race. They are the result of  
 the struggle for the realization of the  
 ideal of a just and peaceful world.  
 These ideas and feelings are the  
 foundation of our civilization. They  
 are the basis of our laws, our  
 customs, our religion, our art, our  
 science, our literature. They are the  
 basis of our life. They are the basis  
 of our hope. They are the basis of  
 our faith. They are the basis of our  
 love. They are the basis of our life.



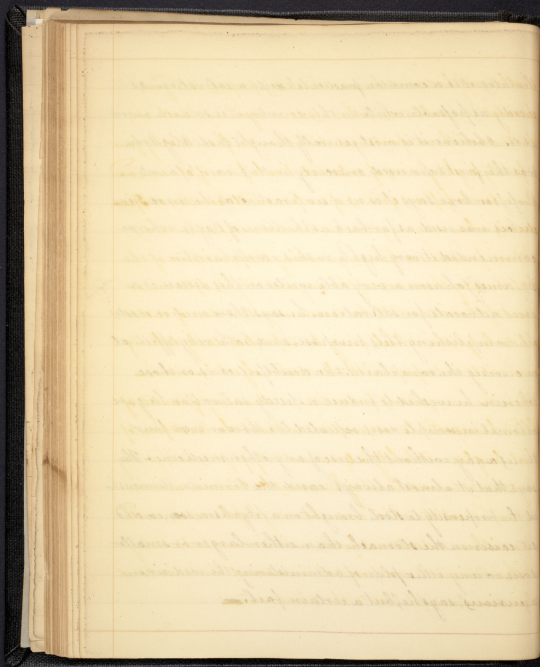
Professor Chapman speaks very favourable of the application of a flannel roller to the abdomen, beginning at the hips and extending it up to the axillae, at the same time drawing it as tight as the patient can conveniently bear, he says the roller answers a double purpose viz, supporting the parts, and promoting diaphoresis. — Fomentations, anodyne liniments, and other local applications, are sometimes used with great advantage. — When the abdomen is tense and painful, cups, or leeches may be applied to it, with good effect. — There is a remedy (which I have not yet mentioned) far superior in efficacy to the above viz, blisters, they are useful when either applied to the extremities or abdomen, but the latter place when it can be accomplished should be preferred. Dr Chapman advises us to cover the whole abdomen, as large blisters excite but little more pain than small ones, and are much more beneficial. — Much has been said and written on the use of mercury in the cure of dysentery. In the West Indies, and other warm

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climates, it is a common practice to excite a salivation as speedily as possible, while in this country it is seldom resorted to. I believe it is most generally thought that Cleggorn was the first who used mercury in this complaint.

Professor Boer says it is no new practice, as the mercurius dulcis was used as far back as the time of Boyle who recommended it very highly in this complaint.

Dr James Johnson a very able writer on this disease is a great advocate for salivation, he says there are two modes of accomplishing this purpose, and both very effectual in curing the complaint. In doubtful cases, or those wherein he wished to induce a speedy salivation he gave calomel in scruple doses, repeated two, three or even four times a day, without the use of any other medicine. He says, that it almost always eased the tormina, diminished the propensity to stool, brought on a ptyalism sooner, and set easier on the stomach, than either larger or smaller doses, or any other plan of administering the medicine, "agcurians" says he, "but a certain fact."



Another method (and the one which Dr. J. prefers) is to give calomel in small doses, either alone or combined with an opiate, or with an opiate and diaphoretic, from twenty four to forty eight grains of calomel, two to four of opium, and from ten to fifteen grains of antimonial powder, or *Ipecacuanha*, may be given in divided doses, at intervals of three, four or six hours according to the violence of the case, during the course of the day and night; after one, or doses of the calomel &c. he recommends a dose of castor oil to be given, which may be repeated daily taking care not to interfere with the main object in view. —

When the evacuations presented, an alarming quantity of blood, he resorted to venesection without the least fear, of that bugbear debility. — Emollient oily glysters he says may sometimes be used to allay tenesmus &c. Flannel should be worn next the skin, and a bandage of the same, with two or three additional folds, rubbed once or twice a day with a liniment, composed of mercurial ointment and laudanum, applied to the abdomen. —

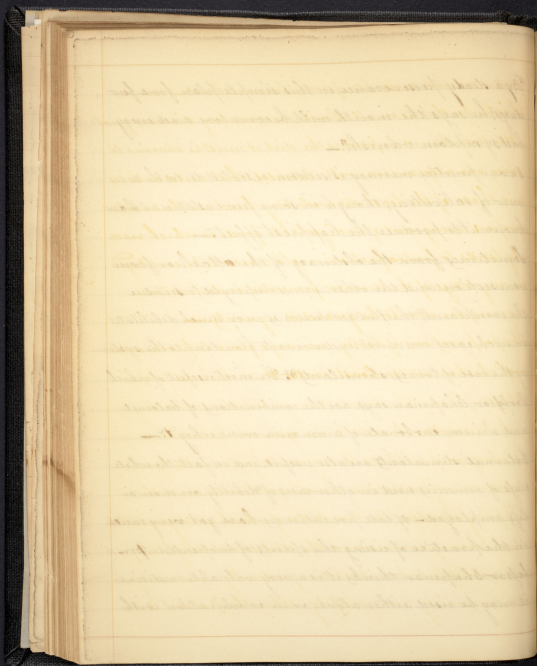


By a steady perseverance in this simple plan for a few days, he says the mouth will become sore and every bad symptom vanish?—

In our practice mercury is seldom resorted to with a view of salivating, though in some few instances I have known it to produce the happiest effect.—

Sometimes from the obstinacy of the attack, or from venisection and the other means employed to subdue the complaint, the patient becomes very much debilitated in such cases we must endeavour to give tone to the system by the use of tonics, stimulants &c. The most useful of which Professor Chapman says, are the combinations of calomel and opium, carbonate of ammonia wine &c. &c.—

External stimulants are also useful, and in fact the whole class of remedies used in other cases of debility are more or less employed—of late practitioners have got very much in the practice of using the spirits of turpentine, Professor Chapman thinks it is a very valuable medicine, it may be used either alone, or in combination with

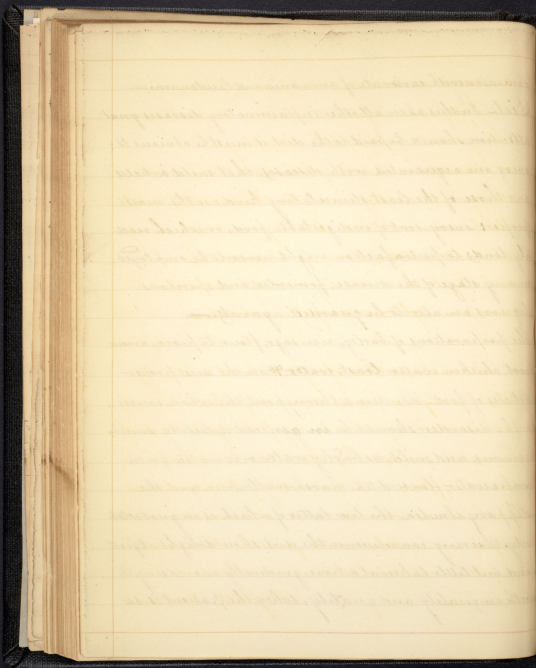




opium, or with carbonate of ammonia and laudanum.—

Diet—In this as in all other inflammatory diseases great attention should be paid to the diet, it must be obvious to every one acquainted with diseases, that mild articles and those of the least stimulating kind are the most proper every sort of indigestible food, or which readily tends to putrefaction, ought never to be employed in any stage of the disease; ~~f~~ fermented and spiritous liquors are also to be guarded against.—

The preparations of barley, rice, sago, flour, tapioca, arrow root, chicken water, toast water &c are the most proper articles of food. The drink throughout the whole course of the disorder should be in general diluting, mucilaginous, and mild, as barley water, rice water, gum arabic water, flaxseed-tea, marsh-mallow-tea and the slippery elm-tea, the two latter of which is in great celebrity. During convalescence the diet should light at first and but little taken at a time, gradually increasing it both in quality and quantity, when the patient is so



far recovered, as to allow animal food, salted meat is generally preferable to fresh. Wine also in moderate quantities may now be given with advantage. —

Great attention is necessary to be paid to the article of clothing, both during and after the disease, flannel should be worn next to the skin in general, with one or two additional pieces of it over the abdomen, the feet should be kept warm and dry, and all exposure to cold wet, damp, or night air carefully avoided. —

I cannot conclude this Essay without soliciting a liberal indulgence for its many imperfections. — and I should do injustice to my feelings, were I not to return my sincere thanks, to the Illustrious Medical Professors, of the University of Pennsylvania, for their kindness towards me, as gentlemen and for the useful information derived from their Lectures, which will ever be cherished, as my most valuable acquisition. —

Wm Smith, Trenton —

Oct 2nd 1890